



June 30, 2015

GVNW CONSULTING, INC.

1001 WATER STREET  
SUITE A-100  
KERRVILLE, TX 78028  
TEL 830.896.5200  
FAX 830.896.5202  
www.gvnw.com

**REDACTED – FOR PUBLIC INSPECTION**

Marlene H. Dortch, Secretary  
Federal Communication Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

RECEIVED & INSPECTED

VIA FedEx and ECFS

JUL 1 2015

FCC Mail Room

Re: Confidential Financial Information Subject to Protective Order in WC Docket Nos. 10-90, 07-135, 05-337, 03-109, 14-58 CC Docket Nos. 01-92, 96-45, GN Docket No. 09-51, WT Docket No. 10-208, and requesting Confidential treatment for financial information pursuant to sections 0.457 and 0.459 of the Commission's rules. Before the Federal Communications Commission. Form 481 – Carrier Annual Reporting Data Collection, 2015  
WC 14-58

DOCKET FILE COPY CONFIDENTIAL

Dear Ms. Dortch:

On behalf of Tularosa Basin Telephone Company, Inc. ("Tularosa"), GVNW Consulting, Inc. hereby submits the attached redacted and confidential versions of its "FCC Form 481 – Carrier Annual Reporting Data Collection" information pursuant to sections 54.313 and 54.422 of the Commission's rules, as filed with the Universal Service Administrative Company. A copy is also being submitted to the New Mexico Public Regulatory Commission.

Tularosa requests confidential treatment under the Protective Order adopted in this proceeding for the section 54.313(f)(2) financial information included in this report on the grounds that it is competitively sensitive information that is secure from public access and this information should not be released publicly for inspection as it could be used to disadvantage or harm Tularosa. In addition, Tularosa is requesting confidential treatment pursuant to sections 0.457 and 0.459 of the Commission's rules for the Five-Year Build-Out Plan Progress Report and Map that is required by section 54.313(a)(1) to be attached to this report.

In accordance with the Protective Order, two redacted copies marked "REDACTED – FOR PUBLIC INSPECTION" and one non redacted confidential version marked "CONFIDENTIAL – NOT FOR PUBLIC INSPECTION" are being filed with the Commission. A redacted copy has also been filed via the Electronic Comment Filing System.

If you have any questions, please contact me at [sgatto@gvnw.com](mailto:sgatto@gvnw.com) or 830-895-7226.

Sincerely,

Stephen Gatto  
Consultant

No. of Copies rec'd 041  
List ABCDE

Cc: Mr. Charles Tyler, FCC Telecommunications Access Policy Division (two copies, confidential)

|                                                                     |                                                                                  |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>FCC Form 481 - Carrier Annual Reporting Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------|

|                                                                                    |                     |                        |
|------------------------------------------------------------------------------------|---------------------|------------------------|
| <010> Study Area Code                                                              | 492265              |                        |
| <015> Study Area Name                                                              | TULAROSA BASIN TEL. | RECEIVED & INITIALIZED |
| <020> Program Year                                                                 | 2016                |                        |
| <030> Contact Name: Person USAC should contact with questions about this data      | Joshua Beug         | JUL 1 2015             |
| <035> Contact Telephone Number: Number of the person identified in data line <030> | 5755850125 ext.     | FCC Mail Room          |
| <039> Contact Email Address: Email of the person identified in data line <030>     | jbeug@btcc.net      |                        |

| ANNUAL REPORTING FOR ALL CARRIERS                                               |                                           | 54.313<br>Completion<br>Required    | 54.422<br>Completion<br>Required    |
|---------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------|-------------------------------------|
| (check box when complete)                                                       |                                           |                                     |                                     |
| <100> Service Quality Improvement Reporting                                     | (complete attached worksheet)             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <200> Outage Reporting (voice)                                                  | (complete attached worksheet)             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <210> <input checked="" type="checkbox"/> <-- check box if no outages to report |                                           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <300> Unfulfilled Service Requests (voice)                                      | 0                                         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <310> Detail on Attempts (voice)                                                | (attach descriptive document)             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <320> Unfulfilled Service Requests (broadband)                                  | 0                                         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <330> Detail on Attempts (broadband)                                            | (attach descriptive document)             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <400> Number of Complaints per 1,000 customers (voice)                          |                                           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <410> Fixed                                                                     | 0.0                                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <420> Mobile                                                                    | 0.0                                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <430> Number of Complaints per 1,000 customers (broadband)                      |                                           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <440> Fixed                                                                     | 0.0                                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <450> Mobile                                                                    | 0.0                                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <500> Service Quality Standards & Consumer Protection Rules Compliance          | (check to indicate certification)         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <510> 492265nm510.pdf                                                           | (attach descriptive document)             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <600> Functionality in Emergency Situations                                     | (check to indicate certification)         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <610> 492265nm610.pdf                                                           | (attach descriptive document)             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <700> Company Price Offerings (voice)                                           | (complete attached worksheet)             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <710> Company Price Offerings (broadband)                                       | (complete attached worksheet)             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <800> Operating Companies and Affiliates                                        | (complete attached worksheet)             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <900> Tribal Land Offerings (Y/N)?                                              | (if yes, complete attached worksheet)     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1000> Voice Services Rate Comparability Certification                          | Yes                                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1010> 492265nm1010.pdf                                                         | (attach descriptive document)             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1100> Certify whether terrestrial backhaul options exist (Yes or No)           | (if not, check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1110>                                                                          | (complete attached worksheet)             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1200> Terms and Condition for Lifeline Customers                               | (complete attached worksheet)             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

## Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

|                                                                                   |                                   |                                     |
|-----------------------------------------------------------------------------------|-----------------------------------|-------------------------------------|
| <2000>                                                                            | (check to indicate certification) |                                     |
| <2005>                                                                            | (complete attached worksheet)     |                                     |
| <b>Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet</b> |                                   |                                     |
| <3000>                                                                            | (check to indicate certification) | <input checked="" type="checkbox"/> |
| <3005>                                                                            | (complete attached worksheet)     | <input checked="" type="checkbox"/> |



**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

|       |                                                                                                           |                                                                   |
|-------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <010> | Study Area Code                                                                                           | 492265                                                            |
| <015> | Study Area Name                                                                                           | TULAROSA BASIN TEL.                                               |
| <020> | Program Year                                                                                              | 2016                                                              |
| <030> | Contact Name - Person USAC should contact regarding this data                                             | Joshua Beug                                                       |
| <035> | Contact Telephone Number - Number of person identified in data line <030>                                 | 5755850125 ext.                                                   |
| <039> | Contact Email Address - Email Address of person identified in data line <030>                             | jbeug@tbtcc.net                                                   |
| <110> | Has your company received its ETC certification from the FCC?                                             | (yes / no) <input type="radio"/> <input checked="" type="radio"/> |
| <111> | If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? | (yes / no) <input type="radio"/> <input type="radio"/>            |

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

492265nm112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How much (USF) was used to improve service quality and how support was used to improve service quality
- <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage
- <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

|     |
|-----|
| Yes |
| Yes |
| Yes |
| Yes |
| Yes |
| Yes |

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

|       |                                                                               |                     |
|-------|-------------------------------------------------------------------------------|---------------------|
| <010> | Study Area Code                                                               | 492265              |
| <015> | Study Area Name                                                               | TULAROSA BASIN TEL. |
| <020> | Program Year                                                                  | 2016                |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Joshua Beug         |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 5755850125 ext.     |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jbeug@tbtc.net      |

[illegible]

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

|       |                                                    |          |
|-------|----------------------------------------------------|----------|
| <701> | Residential Local Service Charge Effective Date    | 1/1/2015 |
| <702> | Single State-wide Residential Local Service Charge |          |

[illegible]

(710) Broadband Price Offerings  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

|       |                                                                               |                 |
|-------|-------------------------------------------------------------------------------|-----------------|
| <010> | Study Area Code                                                               | 492265          |
| <015> | Study Area Name                                                               | TULAROSA BASIN  |
| <020> | Program Year                                                                  | 2016            |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Joshua Beug     |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 5755850125 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jbeug@tbtc.net  |

[illegible]



**(800) Operating Companies**

### Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

|       |                                                                               |                                        |
|-------|-------------------------------------------------------------------------------|----------------------------------------|
| <010> | Study Area Code                                                               | 492265                                 |
| <015> | Study Area Name                                                               | TULAROSA BASIN TEL.                    |
| <020> | Program Year                                                                  | 2016                                   |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Joshua Beug                            |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 5755850125 ext.                        |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jbeug@tbtcc.net                        |
| <810> | Reporting Carrier                                                             | Tularosa Basin Telephone Company       |
| <811> | Holding Company                                                               | Tularosa Basin Telephone Company, Inc. |
| <812> | Operating Company                                                             | Tularosa Basin Telephone Company       |

[illegible]

**(900) Tribal Lands Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

|       |                                                                               |                     |
|-------|-------------------------------------------------------------------------------|---------------------|
| <010> | Study Area Code                                                               | 492265              |
| <015> | Study Area Name                                                               | TULAROSA BASIN TEL. |
| <020> | Program Year                                                                  | 2016                |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Joshua Beug         |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 5755850125 ext.     |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jbeug@tbtcc.net     |

&lt;910&gt; Tribal Land(s) on which ETC Serves

|  |
|--|
|  |
|--|

&lt;920&gt; Tribal Government Engagement Obligation

|  |
|--|
|  |
|--|

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

| Select<br>Yes or No or<br>Not Applicable |
|------------------------------------------|
|                                          |
|                                          |
|                                          |
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|                                          |
|                                          |



**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

|       |                                                                               |                     |
|-------|-------------------------------------------------------------------------------|---------------------|
| <010> | Study Area Code                                                               | 492265              |
| <015> | Study Area Name                                                               | TULAROSA BASIN TEL. |
| <020> | Program Year                                                                  | 2016                |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Joshua Beug         |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 5755850125 ext.     |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jbeug@tbtcc.net     |

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

**(1200) Terms and Condition for Lifeline Customers****Lifeline****Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

|       |                                                                               |                     |
|-------|-------------------------------------------------------------------------------|---------------------|
| <010> | Study Area Code                                                               | 492265              |
| <015> | Study Area Name                                                               | TULAROSA BASIN TEL. |
| <020> | Program Year                                                                  | 2016                |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Joshua Beug         |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 5755850125 ext.     |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jbeug@tbt.net       |

492265nm1210.pdf

&lt;1210&gt; Terms &amp; Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

&lt;1220&gt; Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

**(2000) Price Cap Carrier Additional Documentation****Data Collection Form****Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

|       |                                                                               |                     |
|-------|-------------------------------------------------------------------------------|---------------------|
| <010> | Study Area Code                                                               | 492265              |
| <015> | Study Area Name                                                               | TULAROSA BASIN TEL. |
| <020> | Program Year                                                                  | 2016                |
| <030> | Contact Name - Person USAC should contact regarding this data                 | JOHNNA BEUG         |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 5755850125 ext.     |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jbeug@tbec.net      |

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i}  
 <2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}  
 <2011b> Attachment {47 CFR § 54.313(b)(1)ii}

|  |
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|  |
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Name of Attached Document(s) Listing Required Information

**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

- <2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}  
 <2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}  
 <2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}  
 <2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}

|  |
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**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

- <2016> Certification Support Used to Build Broadband

|  |
|--|
|  |
|--|

**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

- <2017> 3rd year Broadband Service Certification  
 <2018> 5th year Broadband Service Certification  
 <2019> Interim Progress Certification  
 <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

|  |
|--|
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|  |

- <2021> Interim Progress Community Anchor Institutions

|  |
|--|
|  |
|  |
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|  |

Name of Attached Document(s) Listing Required Information



## (3000) Rate Of Return Carrier Additional Documentation

FCC Form 481

## Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 492265  
 <015> Study Area Name TULAROSA BASIN TEL.  
 <020> Program Year 2016  
 <030> Contact Name - Person USAC should contact regarding this data Joshua Beug  
 <035> Contact Telephone Number - Number of person identified in data line <030> 5755850125 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> jbeug@btcc.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan  
Milestone Certification (47 CFR § 54.313(f)(1)(i))

492265nm3010.pdf

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☒

492265nm3012.pdf

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))  
 (3014) If yes, does your company file the RUS annual report

(Yes/No)

(Yes/No)



Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☒  
 (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☒

492265nm3017.pdf

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, Is your company audited?

(Yes/No)



If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☐

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit ☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐

- (3023) Underlying information subjected to a review by an independent certified public accountant ☐

- (3024) Underlying information subjected to an officer certification. ☐

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation (Continued)

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

|                                                                                     |                     |
|-------------------------------------------------------------------------------------|---------------------|
| <010> Study Area Code                                                               | 492265              |
| <015> Study Area Name                                                               | TULAROSA BASIN TEL. |
| <020> Program Year                                                                  | 2016                |
| <030> Contact Name - Person USAC should contact regarding this data                 | Joshua Beug         |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 5755850125 ext.     |
| <039> Contact Email Address - Email Address of person identified in data line <030> | jbeug@tbc.net       |

## Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends



Name of Attached Document Listing Required Information

Redacted for Public Inspection

|                                                                   |                                                                                  |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>Certification - Reporting Carrier<br/>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------|

|                                                                                     |                     |
|-------------------------------------------------------------------------------------|---------------------|
| <010> Study Area Code                                                               | 492265              |
| <015> Study Area Name                                                               | TULAROSA BASIN TEL. |
| <020> Program Year                                                                  | 2016                |
| <030> Contact Name - Person USAC should contact regarding this data                 | Joshua Beug         |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 5755850125 ext.     |
| <039> Contact Email Address - Email Address of person identified in data line <030> | jbeug@btcc.net      |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

|                                                                                                                                                                                                                                                                                                       |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| <b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>                                                                                                                                                                             |                                |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. |                                |
| Name of Reporting Carrier:                                                                                                                                                                                                                                                                            |                                |
| Signature of Authorized Officer:                                                                                                                                                                                                                                                                      | Date                           |
| Printed name of Authorized Officer:                                                                                                                                                                                                                                                                   |                                |
| Title or position of Authorized Officer:                                                                                                                                                                                                                                                              |                                |
| Telephone number of Authorized Officer:                                                                                                                                                                                                                                                               |                                |
| Study Area Code of Reporting Carrier:                                                                                                                                                                                                                                                                 | Filing Due Date for this form: |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.                                                      |                                |



|                                                                 |                                                                                  |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>Certification - Agent / Carrier<br/>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------|

|                                                                                     |                     |
|-------------------------------------------------------------------------------------|---------------------|
| <010> Study Area Code                                                               | 492265              |
| <015> Study Area Name                                                               | TULAROSA BASIN TEL. |
| <020> Program Year                                                                  | 2016                |
| <030> Contact Name - Person USAC should contact regarding this data                 | Joshua Beug         |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 5755850125 ext.     |
| <039> Contact Email Address - Email Address of person identified in data line <030> | jbeug@btbc.net      |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier                                                                                                                                                                                                                                                                                                             |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| I certify that (Name of Agent) <u>Stephen Gatto</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. |                     |
| Name of Authorized Agent:                                                                                                                                                                                                                                                                                                                                                                                                                 | Stephen Gatto       |
| Name of Reporting Carrier:                                                                                                                                                                                                                                                                                                                                                                                                                | TULAROSA BASIN TEL. |
| Signature of Authorized Officer:                                                                                                                                                                                                                                                                                                                                                                                                          | CERTIFIED ONLINE    |
| Printed name of Authorized Officer:                                                                                                                                                                                                                                                                                                                                                                                                       | Joshua Beug         |
| Title or position of Authorized Officer:                                                                                                                                                                                                                                                                                                                                                                                                  | General Manager     |
| Telephone number of Authorized Officer:                                                                                                                                                                                                                                                                                                                                                                                                   | 5755850125 ext.     |
| Study Area Code of Reporting Carrier:                                                                                                                                                                                                                                                                                                                                                                                                     | 492265              |
| Filing Due Date for this form:                                                                                                                                                                                                                                                                                                                                                                                                            | 07/01/2015          |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.                                                                                                                                                                                          |                     |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier                                                                                                                                                                                                                                       |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. |                     |
| Name of Reporting Carrier:                                                                                                                                                                                                                                                                                                                             | TULAROSA BASIN TEL. |
| Name of Authorized Agent or Employee of Agent:                                                                                                                                                                                                                                                                                                         | Stephen Gatto       |
| Signature of Authorized Agent or Employee of Agent:                                                                                                                                                                                                                                                                                                    | CERTIFIED ONLINE    |
| Printed name of Authorized Agent or Employee of Agent:                                                                                                                                                                                                                                                                                                 | Stephen Gatto       |
| Title or position of Authorized Agent or Employee of Agent:                                                                                                                                                                                                                                                                                            | Consultant          |
| Telephone number of Authorized Agent or Employee of Agent:                                                                                                                                                                                                                                                                                             | 8308957226 ext.     |
| Study Area Code of Reporting Carrier:                                                                                                                                                                                                                                                                                                                  | 492265              |
| Filing Due Date for this form:                                                                                                                                                                                                                                                                                                                         | 07/01/2015          |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.                                                                                                       |                     |

## Attachments

(700) Price Offerings including Voice Rate Data  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

|       |                 |        |
|-------|-----------------|--------|
| <010> | Study Area Code | 492265 |
|-------|-----------------|--------|

|       |                 |                     |
|-------|-----------------|---------------------|
| <015> | Study Area Name | TULAROSA BASIN TEL. |
|-------|-----------------|---------------------|

|       |              |      |
|-------|--------------|------|
| <020> | Program Year | 2016 |
|-------|--------------|------|

|       |                                                               |             |
|-------|---------------------------------------------------------------|-------------|
| <030> | Contact Name - Person USAC should contact regarding this data | Joshua Beug |
|-------|---------------------------------------------------------------|-------------|

|       |                                                                           |                 |
|-------|---------------------------------------------------------------------------|-----------------|
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 8308957226 ext. |
|-------|---------------------------------------------------------------------------|-----------------|

|       |                                                                               |                |
|-------|-------------------------------------------------------------------------------|----------------|
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jbeug@tbtc.net |
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1/1/2015

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(710) Broadband Price Offerings  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

|       |                 |        |
|-------|-----------------|--------|
| <010> | Study Area Code | 492265 |
|-------|-----------------|--------|

|       |                 |                     |
|-------|-----------------|---------------------|
| <015> | Study Area Name | TULAROSA BASIN TEL. |
|-------|-----------------|---------------------|

|       |              |      |
|-------|--------------|------|
| <020> | Program Year | 2016 |
|-------|--------------|------|

|       |                                                               |             |
|-------|---------------------------------------------------------------|-------------|
| <030> | Contact Name - Person USAC should contact regarding this data | Joshua Beug |
|-------|---------------------------------------------------------------|-------------|

|       |                                                                           |                 |
|-------|---------------------------------------------------------------------------|-----------------|
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 8308957226 ext. |
|-------|---------------------------------------------------------------------------|-----------------|

|       |                                                                               |                 |
|-------|-------------------------------------------------------------------------------|-----------------|
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jbeug@tbtco.net |
|-------|-------------------------------------------------------------------------------|-----------------|

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**<b1>**

(b)(2)



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<d2>

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### Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

|       |                 |                     |
|-------|-----------------|---------------------|
| <015> | Study Area Name | TULAROSA BASIN TEL. |
|-------|-----------------|---------------------|

| <020> | Program Year | 2016 |
|-------|--------------|------|
|-------|--------------|------|

|       |                                                               |             |
|-------|---------------------------------------------------------------|-------------|
| <030> | Contact Name - Person USAC should contact regarding this data | Joshua Beug |
|-------|---------------------------------------------------------------|-------------|

|       |                                                                           |                 |
|-------|---------------------------------------------------------------------------|-----------------|
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 8308957226 ext. |
|-------|---------------------------------------------------------------------------|-----------------|

|       |                                                                               |                |
|-------|-------------------------------------------------------------------------------|----------------|
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jbeug@tbtc.net |
|-------|-------------------------------------------------------------------------------|----------------|

<810> Reporting Carrier                      Tularosa Basin Telephone Company

|                       |                                        |
|-----------------------|----------------------------------------|
| <811> Holding Company | Tularosa Basin Telephone Company, Inc. |
|-----------------------|----------------------------------------|

|                         |                                  |
|-------------------------|----------------------------------|
| <812> Operating Company | Tularosa Basin Telephone Company |
|-------------------------|----------------------------------|

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REDACTED FOR PUBLIC INSPECTION

ATTACHMENT – LINE 112

ATTACHMENT REDACTED IN ENTIRETY



**TULAROSA BASIN TELEPHONE COMPANY, INC. – SAC 492265**

**FCC Form - Program Year 2016**

**Line 510**

**COMPLIANCE WITH SERVICE QUALITY STANDARDS AND CONSUMER PROTECTION  
RULES - §54.313(a)(5)**

Tularosa Basin Telephone Company, Inc. ("Tularosa" or "the Company") complies with all applicable service quality standards and consumer protection rules as required by the New Mexico Public Regulation Commission ("PRC") and the Federal Communications Commission ("FCC").

The rates, terms and conditions under which the Company operates are identified in its Local Company Tariff, which is approved by the PRC. The Company's tariff contains provisions regarding its customer service and protection practices, including resolving customer disputes, applying for, refusing, disconnection and cancellation of service. Rates and terms of service are disclosed to customers upon application for service as part of a packet of information for new customers.

Service quality standards are established by the PRC and Tularosa consistently meets or exceeds those requirements. The Company provides an annual report to the New Mexico PRC pursuant to the commission's rules.

The protection of its customers' privacy and information is a constant part of Tularosa's quality of service. The Company has a policy and operating procedures that comply with the FCC's Customer Proprietary Network Information ("CPNI") rules (47 C.F.R 64.2001 – 64.2011). Certification of Tularosa's compliance with the FCC's CPNI rules is filed with the FCC annually.

**TULAROSA BASIN TELEPHONE COMPANY, INC. – SAC 492265**

**FCC Form 481 - Program Year 2016**

**Line 610**

**ABILITY TO FUNCTION IN EMERGENCY SITUATIONS - §54.313(a)(6)**

Tularosa Basin Telephone Company, Inc. ("Tularosa" or "the Company") is capable of functioning in emergency situations. Tularosa has a reasonable amount of back-up power to ensure functionality without a commercial external power source. The Company has a permanently installed standby power generators at its exchange switching offices and remote switching locations have a minimum of eight (8) hours of backup battery capacity. These remote sites are also equipped to accept portable emergency power if necessary. The Company's network is capable of managing traffic spikes resulting from emergency conditions.

**TULAROSA BASIN TELEPHONE COMPANY, INC. – SAC 492265**

**FCC Form - Program Year 2016**

**Line 1010**

**DESCRIPTION OF VOICE SERVICES RATE COMPARABILITY - §54.313(a)(10)**

Tularosa Basin Telephone Company, Inc.'s ("Tularosa" or "the Company") Voice Services Pricing is no more than two standard deviations above the applicable urban rate floor for voice services. On April 16, 2015, the Wireline Competition Bureau ("Bureau") established a new average urban floor rate of \$21.22 and a maximum of \$47.48 as the Rate Comparability Benchmark. As shown by Tularosa's response to 700 (Attachment File: 492265tx700.pdf), Tularosa's total residential voice service rate plus mandatory state fees is 16.48. When all state and federal mandatory charges are added to Tularosa's residential voice service rate the total rate is below the \$47.48 Rate Comparability Benchmark set by the Bureau.

TULAROSA BASIN TELEPHONE COMPANY  
Post Office Box 550  
Tularosa, NM 88352-0550

SCC NO. 1

SECTION 5

3<sup>rd</sup> Revised Index Sheet No. 1  
Cancels 2<sup>nd</sup> Revised Index Sheet No.1

**LIFELINE BENEFITS PROGRAM**

(C)

Sheet No.

|                                              |   |
|----------------------------------------------|---|
| A. DEFINITION.....                           | 1 |
| B. ELIGIBILITY REQUIREMENTS/APPLICATION..... | 1 |
| C. REGULATIONS.....                          | 3 |
| D. MONTHLY DISCOUNT.....                     | 5 |

(D)

(T)



**TULAROSA BASIN TELEPHONE COMPANY**

Post Office Box 550

Tularosa, NM 88352-0550

**SCC NO. 1**

**SECTION 5**

4<sup>th</sup> Revised Sheet No. 1

Cancels 3<sup>rd</sup> Revised Sheet No. 1

**LIFELINE BENEFITS PROGRAM**

(C)

**A. DEFINITION**

The Federal Lifeline Assistance and the New Mexico Lifeline Benefits Program (together, Lifeline Program) provide for credits for eligible low-income customers against the recurring monthly rate of single-line local residential service. The service includes voice grade access to the public switched network, touch calling, a standard white page listing, access to emergency services (911, E-911), access to operator services, access to interexchange services, access to directory assistance, and access to toll restriction service. (C)

**B. ELIGIBILITY REQUIREMENTS/APPLICATION**

1. The Lifeline Program credits are only available to customers who qualify under one or more of the following program-based or income-based eligibility requirements:
  - a) Medicaid program,
  - b) Low Income Home Energy Assistance Program (LIHEAP)
  - c) Food Stamp program,
  - d) Supplemental Security Income program,
  - e) Federal Public Housing Assistance program,
  - f) Temporary Assistance for Needy Families (TANF),
  - g) National School Lunch program, or
  - h) Household income is at or below 150% of the federal poverty guidelines.
2. An applicant for Lifeline Program benefits must self-certify, under penalty of perjury, that his or her household is eligible for public assistance under one or more of the programs listed above, or that his or her household income is at or below 150% of the applicable federal poverty guidelines upon annual publication by the U.S. Department of Health and Human Services in the Federal Register.
3. The term "applicant" as used herein refers to an eligible customer of an eligible telecommunications carrier.